



A Toolkit for Service Delivery Providers

HEALTH NEIGHBORHOODS

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INTRODUCTION

The Los Angeles County Department of Mental Health (LAC-DMH), Office of Integrated Care, is pleased to welcome you to the Health Neighborhood. Health and mental health providers; public health and substance use disorder treatment providers, along with a variety of social service and community support agencies are joining together to improve the health and wellness of our communities. LAC-DMH offers this Toolkit to assist in the planning, development and participation in the health neighborhood.

The Toolkit provides information which includes, but is not limited to: an overview of the health neighborhood concepts, service delivery readiness assessment tools, an MOU template, Universal Authorization to Release Information, care coordination and referral resources, and resource links.

Please be aware that this information is provided as a reference and is in no way intended to replace or supersede any required practices, protocols or requirements of your agency. It is intended to serve as a resource in moving providers forward toward increased collaboration to better serve consumers¹ and their supports². LAC-DMH anticipates that modifications and enhancements to these resources will be created through the process of collaboration.

LAC-DMH looks forward to our continued work together in developing and implementing the service delivery components of the Health Neighborhoods.

¹ The term “consumer” will be used throughout this toolkit and includes, but is not limited to: clients, patients, residents, non-residents, and anyone who receives or may receive services in the Health Neighborhood.

² The term “supports” will also be used throughout this toolkit and includes, but is not limited to: family members, friends, sponsors, caretakers, guardians, support organizations, and any other entities that provide assistance and care for consumers.

HEALTH NEIGHBORHOOD OVERVIEW

What is the Health Neighborhood Initiative?

The Health Neighborhood Initiative brings together health, mental health, and substance use disorder providers to establish and enhance collaborative relationships and promote the integration of whole-person care. Participating service providers are linked to an extensive network of governmental and community supports including, but not limited to: County and city agencies, educational institutions, housing services, faith-based groups, vocational supports, advocacy and non-profit organizations, prevention programs, social services, etc. These providers come together with vital input from the community to enhance the health and wellbeing of neighborhood residents.

What are the two models that come together to make up a Health Neighborhood³?

1. Community Change Model

The Community Change Model addresses the social determinants of health for a specific population.

“The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.”⁴ The Community Change Model mobilizes residents, community organizations, and institutions to identify the root causes of specific issues that are impacting a community. The goal of this model is to achieve community-driven health and wellness with a focus on policy and system change.

2. Service Delivery Model

The Service Delivery Model brings together health, mental health, public health and substance use disorder providers in each neighborhood. The aim is to cover all age groups from prenatal to older adults and identify and include culturally and linguistically appropriate services. This collaboration of providers comes together to establish and/or refine referral processes, conduct screenings across agencies, and become further educated on what services are offered by participating providers. Community input is essential in ensuring that services are responsive to the specific needs of the neighborhood residents. The overall goals of the service delivery model are to expand access to services, increase coordination of care between providers, and contain costs.

³ Health Neighborhoods, Summary of Workgroups Sessions, Rigoberto Rodriguez, 2013

⁴ World Health Organization, 2012

What are the advantages for providers who participate in a Health Neighborhood?

- Screen consumers for health, mental health, and substance use disorder issues with the knowledge that there is an array of providers to refer to depending on need.
- Have greater ability to effectively coordinate care for consumers seen by multiple participating providers (e.g. physical health, mental health, and substance use disorder providers).
- Use a variety of culturally and linguistically appropriate health, mental health, and substance use disorder providers to meet the needs of a diverse consumer population.
- Improve treatment adherence and clinical outcomes for consumers through the addition of health, mental health, substance use disorder, and community services and supports.
- Decrease duplication of services by improving communication and care coordination while containing costs.
- Increase providers' understanding of supportive services in the community that may assist in the well-being of those served.

The following page contains a conceptual framework of the Health Neighborhood that brings together both models.

LOS ANGELES COUNTY

Health Neighborhood Conceptual Framework



LOS ANGELES COUNTY STRATEGIC PLAN

2014 Proposed Update

GOAL 2: COMMUNITY SUPPORT AND RESPONSIVENESS

Strategic Initiative 4: Healthy Neighborhood Projects

Use existing resources to initiate local community-involved discussions to pinpoint specific health and behavioral health issues of concern to high-need neighborhoods in Los Angeles County.

Focus Areas:

- ***Blueprint for creating and sustaining Healthy Neighborhoods***
Host a Healthy Neighborhood Planning Summit that brings together relevant County and city agencies, educational and academic institutions, advocacy groups, civic bodies, non-profit organizations, health plans, providers and elected officials to discuss and provide input for creating a blueprint to roll out the Healthy Neighborhoods strategy in Los Angeles County.
- ***Oversight & Accountability***
Develop an inclusive governing body to advise the County and its Departments on the implementation of the blueprint.
- ***Healthy Neighborhood pilot***
Identify pilot communities using existing and newly identified resources, and engage community members to initiate discussions on the social determinants of health and behavioral health outcomes and on collaborating to develop community-based strategies for addressing them. The pilot would also assist in the development of governing bodies at the neighborhood level where one does not currently exist, and develop a blueprint for building neighborhood capacity to ensure long-term self-sufficiency.
- ***Expand access to services***
Build upon existing service areas and ethnic or culturally-specific relationships and expand partnerships in each service area to improve access to and coordination of primary care, mental health and substance use treatment services.
- ***Enhance collaborative care***
Develop and publish specific mechanisms to improve referrals, clinical services, care coordination and information sharing functions between all relevant partners.

HEALTH NEIGHBORHOOD

Readiness Assessment Tools

The Health Neighborhood Readiness Assessment Tools should be used by agencies to examine their readiness for participation in the service delivery component of the Health Neighborhoods. Agencies are asked to examine their current practices in regards to business operations, clinical procedures, and collaboration processes with providers outside of their areas of expertise. Provided are tools that may be helpful as agencies begin to assess their readiness for integration.

1. **Health Neighborhood Service Delivery Checklist** is divided into 3 sections:
 - a. Assessing infrastructure
 - b. Handling data and outcomes
 - c. Understanding leadership and culture
2. **Organizational Assessment Toolkit for Primary and Behavioral Health Care Integration (OATI)** – Link to assessment:

http://www.integration.samhsa.gov/operations-administration/OATI_Overview_FINAL.pdf

The OATI provides an in-depth, agency-level review comprised of 4 major self-assessment tools:

- a. **The Partnership Checklist** can assist organizations in determining the need for a partner, assessing a partner's potential contribution to the partnership, and identifying next steps for how to develop more effective partnerships.
- b. **The Executive Walkthrough** can help leadership see the organization(s) through a customer's eyes. This tool can assess the customer's service levels your organization has achieved through the use of objective data and lay out a path for improving the "customer experience" of individuals who have health and behavioral health needs.
- c. **The Administrative Readiness Tool (ART) for Primary Health Behavioral Health Integration** assesses the core administrative processes and practices needed to support successful delivery of integrated care.
- d. **The COMPASS–Primary Health and Behavioral Health™** (COMPASS-PH/PC) is a continuous quality improvement tool for clinics and treatment programs, whether working in their own integration process or in partnership with others, to develop core integrated capabilities able to meet the needs of service populations with physical and behavioral health issues.

HEALTH NEIGHBORHOOD

Service Delivery Checklist

Assessing infrastructure		Yes	No	If yes, then who/what?
1	Does your agency have established screening procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
2	Do you assess for issues outside of your specialty area at intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
3	Is there a process for determining different levels of care (urgent vs. routine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
4	Do you have referral procedures in place with collaborating providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use
5	Do you have a referral tracking system?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Do you receive information back from collaborating providers when a referral is made?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Do you have HIPAA compliant means of exchanging client/patient information with collaborating providers?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Do you provide training to staff on integration?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Do you provide educational programs on comorbid conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Do you have mandated/established access to care procedures/policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Handling data and outcomes		Yes	No	
11	Do you collect client/patient data?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Do you track client/patient outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Do you have an electronic medical/health record system?	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding leadership and culture		Yes	No	
14	Are leaders actively supporting collaboration?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Is agency committed to a whole person approach to care?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Is collaboration part of agency's strategic plan?	<input type="checkbox"/>	<input type="checkbox"/>	
17	Does agency's policies offer flexibility to staff to perform roles related to collaboration?	<input type="checkbox"/>	<input type="checkbox"/>	

MEMORANDUM OF UNDERSTANDING

Overview

The MOU template includes the background for establishing Health Neighborhoods as set forth in the LA County Strategic Plan, Goal 2: Community Support and Responsiveness, Strategic Initiative 4: Health Neighborhoods Projects. There are also provisions that describe essential objectives of the Health Neighborhood, such as:

- Commitment,
- Overview of Parties,
- Medical Records,
- Sharing of Information,
- Meetings and Review,
- Term, Termination and Amendments

Lastly, the MOU template has four (4) form attachments for Health Providers, Mental Health Providers, Public Health Providers, and Substance Use Disorder Treatment Providers, as well as an attachment for a Health Neighborhood boundary map.

The Health Neighborhood MOU template that follows may be used as a guide to assist collaborating providers in memorializing their roles and responsibilities of participation in the Health Neighborhoods.

It is not mandatory however, that this specific MOU template be used by a Health Neighborhood so long as substantially similar objectives are documented and agreed upon by all parties of the Health Neighborhood.

Also included in this section are suggested general guidelines for a process on signing the MOU which was designed to be used due to the inclusion of a Counterparts provision for signing. Additionally, the signing process guidelines include information related to amending in other service providers that might choose to be added into the MOU after its inception date.

MEMORANDUM OF UNDERSTANDING – SERVICE DELIVERY MODEL XXX HEALTH NEIGHBORHOOD

Purpose

The purpose of this multi-party Memorandum of Understanding (MOU) is to formalize the collaborative working relationships between and among the parties and to establish each party's agreement and commitments for the establishment of a "Health Neighborhood Service Delivery Model," in order to improve access to, and coordination of care in "insert here the name of the respective HN".

Background

In June 2014, the County of Los Angeles (County) Chief Executive Office amended the County Strategic Plan, Goal 2: Community Support and Responsiveness, Strategic Initiative 4: Health Neighborhood Projects in order to "pinpoint specific health and behavioral health issues of concern to high-need neighborhoods in Los Angeles County."

This strategic initiative cites five areas of focus that relate to the Health Neighborhood project. These areas of focus include: a blueprint for the creation and sustenance of Health Neighborhoods; oversight and accountability for the implementation of the blueprint; use of Health Neighborhood pilots; expanding access to services for primary care, mental health, and substance use disorder treatment; and the ability to enhance collaboration amongst all relevant providers in areas such as referrals, clinical services, coordination of care, and information sharing.

Several areas within the County of Los Angeles have been identified to serve as pilot Health Neighborhoods. This MOU is designed to formalize and expand partnerships in each of these areas in order to improve access to, and coordination of, primary care, mental health services, and public health and substance use disorder treatment services.

Participating agencies in the XX Health Neighborhood do so voluntarily and may provide services to the patients/clients/consumers in the XXX area, whom they currently serve or will serve in the future.

NOW THEREFORE, the parties agree to formalize and establish the "insert here the name of the respective HN" as follows:

Commitments

To form a Health Neighborhood, the parties have identified, and commit to, the following critical processes:

- Work with each of the other parties to outline the array of services available in the area,

- Provide services to patients/clients/consumers within the scope of participating agencies' expertise and in accordance with applicable eligibility and exclusion criteria,
- Exchange information between providers, as permissible and in keeping with applicable rules and regulations, for the purpose of treatment and care coordination,
- Refer to other partnering agencies for services outside the scope of the referring agency's expertise in accordance with the partnering agencies' eligibility/screening criteria and exclusion criteria,
- Develop an agreed upon mechanism for referrals, response to referrals, and care coordination,
- Respond to partnering agencies' referrals so the outcomes of referrals are clear, consistent and timely as agreed upon by all parties,
- Coordinate care among agencies providing services to the same patients/clients/consumers,
- Identify key contacts within each participating agency for both urgent follow-up and problem resolution, and
- Other key elements that may later be identified by the parties.

Overview of Parties

In consideration of the unique nature of each participating agency, a specific Attachment at the conclusion of this MOU will identify each participating agency and set forth the services provided, the eligibility and exclusion criteria for each agency, and the contact mechanism for both routine and urgent communication and/or problem resolution. Attachment A will be used for primary health care providers; Attachment B will be used for mental health providers; Attachment C will be used for public health providers; and Attachment D will be used for substance use disorder treatment providers.

Medical Records

All parties shall maintain their own separate medical records systems.

Confidentiality and Sharing of Information for Referrals and Care Coordination

All participating agencies agree that the medical records and health information associated with each agency are confidential. Applicable State and federal laws and regulations may include, but are not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Welfare and Institutions Code (WIC) section 5328 et seq., the Confidentiality of Medical Information Act (CMIA) Civil Code 56 et seq., and 42 CFR Part 2. Each party is responsible for ensuring that it adheres to any applicable legal requirements pertaining to the confidentiality of its information and medical records.

To the extent permitted by law, the parties will share health information and/or medical records as necessary to make referrals, respond to referrals, and to coordinate a patient/client/consumer's care. Certain laws permit health care providers to share confidential health information with other health care providers for purposes of

treatment, referral, and coordination of care. Laws also permit the sharing of client information with a written patient/client/consumer authorization that meets all applicable legal requirements. Each party is responsible for ensuring that it adheres to any applicable legal requirements pertaining to the confidentiality of its information and medical records.

All participating agencies shall ensure that staff who receive patient/client/consumer medical information, protected health information (PHI), and/or mental health or substance use disorder treatment information from another agency shall abide by all State and federal statutes, rules, and regulations regarding the confidentiality of such information, including, but not limited to HIPAA, WIC, CMIA, 42 C.F.R. Part 2, as applicable, and shall not further use or disclose such information unless required or permitted by law.

Registration, Financial Screening, and Fee Collection Each party is responsible for its own registration, financial screening, and fee collection for each patient/client/consumer that it serves.

Reimbursement for Services Each party will be responsible for its own submission of claims for reimbursement related to the services provided by their respective agency and no party will seek reimbursement for services from any other party or submit claims for reimbursement for services provided by any other party.

Costs This MOU is a non-financial agreement. Parties shall not receive compensation for entering into this MOU and each party shall bear its own costs of participation and no party will receive compensation from any other party for costs incurred as a consequence of entering into this MOU.

Meetings and Review Participating agencies will agree to meet at mutually agreed upon intervals to discuss program implementation, address and resolve any operational issues.

Term This MOU is effective on the date of signature by all parties and shall remain in full effect until terminated as set forth below.

Termination Any party to this MOU may terminate its participation without cause, provided written notice is given at least 30 calendar days in advance to all remaining parties. Notice shall be provided to the party's Executive level contact person as specified on Attachment A, B, C, or D, as applicable. The parties may terminate this MOU at any time upon the mutual agreement of all parties.

Amendment The parties may amend this MOU from time to time by a written amendment signed by an authorized representative from each party.

Attachments to this MOU The parties may revise information contained in the Attachment(s) to this MOU from time to time and without an amendment to this MOU to

reflect changes or updates to such information, and are obligated to provide the revised Attachment to all other parties' Executive Contacts, and/or their appointed designees.

No Third Party Beneficiaries Nothing in this MOU, express or implied, is intended to nor shall be construed to confer upon any person or entity, other than the parties to this Agreement, any remedy or claim under or by reason of this MOU as third-party beneficiaries or otherwise. The terms of this Agreement are for the sole and exclusive benefit of the parties to this MOU.

Counterparts This MOU may be executed in one or more counterparts; all counterparts shall be deemed to constitute one document and shall have the same force and effects as if all signatures had been obtained on one document. Further, a faxed or other form of electronic signature shall have the same force and effect as an original signature.

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In witness thereof, the parties have caused their duly authorized representative to execute this MOU as of this _____ day of _____, 20____.

Agency Name:_____

By:_____

Printed Name:_____

Its:_____

List of Attachments

Attachment A – Health Provider

Attachment B – Mental Health Provider

Attachment C – Public Health Provider

Attachment D – Substance Use Disorder Treatment Provider

Attachment E – Health Neighborhood Boundary Map

HEALTH NEIGHBORHOOD MOU Attachment

Agency Information (Corporate or Administrative)

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

How many sites does this agency have where services are provided that will participate in this Health Neighborhood?*

Agency Contact Information (Corporate or Administrative)

Primary Agency Contact Person:

Title:

Phone:

E-mail:

Fax:

***Please include separate attachment for each site where you provide services.**

How many attachments are included?

SITE INFORMATION

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Hours of Operation:

SITE CONTACT INFORMATION

Primary Site Contact Person:

Title:

Phone:

E-mail:

Fax:

REFERRAL CONTACT INFORMATION		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		
<i>SERVICES</i>		
Please list all services that agency is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, etc.):		
Please provide your agencies accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted:		
Treatment capabilities (languages served, hearing-impaired services, etc.):		
<i>REFERRAL ELIGIBILITY INFORMATION</i>		
Please provide any referral eligibility and exclusion criteria for the services in your agency that other providers in your Health Neighborhood should be made aware of:		

HEALTH NEIGHBORHOOD MOU Attachment

Agency Information (Corporate or Administrative)

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

How many sites does this agency have where services are provided that will participate in this Health Neighborhood?*

Agency Contact Information (Corporate or Administrative)

Primary Agency Contact Person:

Title:

Phone:

E-mail:

Fax:

***Please include separate attachment for each site where you provide services.**

How many attachments are included?

SITE INFORMATION

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Hours of Operation:

SITE CONTACT INFORMATION

Primary Site Contact Person:

Title:

Phone:

E-mail:

Fax:

REFERRAL CONTACT INFORMATION		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		
<i>SERVICES</i>		
Please list all services that agency is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, etc.):		
Please provide your agencies accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted:		
Treatment capabilities (languages served, hearing-impaired services, etc.):		
<i>REFERRAL ELIGIBILITY INFORMATION</i>		
Please provide any referral eligibility and exclusion criteria for the services in your agency that other providers in your Health Neighborhood should be made aware of:		

HEALTH NEIGHBORHOOD MOU Attachment

Agency Information (Corporate or Administrative)

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

How many sites does this agency have where services are provided that will participate in this Health Neighborhood?*

Agency Contact Information (Corporate or Administrative)

Primary Agency Contact Person:

Title:

Phone:

E-mail:

Fax:

***Please include separate attachment for each site where you provide services.**

How many attachments are included?

SITE INFORMATION

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Hours of Operation:

SITE CONTACT INFORMATION

Primary Site Contact Person:

Title:

Phone:

E-mail:

Fax:

REFERRAL CONTACT INFORMATION		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		
<i>SERVICES</i>		
Please list all services that agency is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, etc.):		
Please provide your agencies accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted:		
Treatment capabilities (languages served, hearing-impaired services, etc.):		
<i>REFERRAL ELIGIBILITY INFORMATION</i>		
Please provide any referral eligibility and exclusion criteria for the services in your agency that other providers in your Health Neighborhood should be made aware of:		

HEALTH NEIGHBORHOOD MOU Attachment

Agency Information (Corporate or Administrative)

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

How many sites does this agency have where services are provided that will participate in this Health Neighborhood?*

Agency Contact Information (Corporate or Administrative)

Primary Agency Contact Person:

Title:

Phone:

E-mail:

Fax:

***Please include separate attachment for each site where you provide services.**

How many attachments are included?

SITE INFORMATION

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Hours of Operation:

SITE CONTACT INFORMATION

Primary Site Contact Person:

Title:

Phone:

E-mail:

Fax:

REFERRAL CONTACT INFORMATION		
Referral Contact Person:		
Title:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP Code:
Best methods for referrals to be received:		
<i>SERVICES</i>		
Please list all services that agency is willing to make available for this Health Neighborhood and the age groups that are served. (case management, emergency services, etc.):		
Please provide your agencies accepted payment sources and include information on sliding scale, Medical, Medicare, uninsured/uninsurable, and other types of insurance accepted:		
Treatment capabilities (languages served, hearing-impaired services, etc.):		
<i>REFERRAL ELIGIBILITY INFORMATION</i>		
Please provide any referral eligibility and exclusion criteria for the services in your agency that other providers in your Health Neighborhood should be made aware of:		

SIGNING PROCESS FOR A HEALTH NEIGHBORHOOD (HN) MOU

1. An agency must first complete (in its entirety) their respective Service Provider Attachments (Attachments) (A-D as applicable) for each of its participating sites and turn the Attachments into the respective DMH SA District Chief (or their appointed designee) so they can be reviewed for completion.
2. The respective DMH SA District Chief (or their appointed designee) will confirm with the agency if the Attachments have been completed appropriately and/or if the Attachments are in need of any revisions. If revisions are requested, then the agency will need to resubmit the revised Attachments to DMH SA District Chief (or their appointed designee).
3. The DMH SA District Chief (or their appointed designee) will select a cut-off date for the initial completion of Attachments. Once DMH collects all applicable Attachments from each agency, DMH will then combine Attachments into one single MOU, thereby certifying it as the complete HN MOU so it can be copied and distributed accordingly for signature via the Counterparts clause in the MOU.
 - a. The Counterpart clause cites:
"This MOU may be executed in one or more counterparts; all counterparts shall be deemed to constitute one document and shall have the same force and effects as if all signatures had been obtained on one document. Further, a faxed or other form of electronic signature shall have the same force and effect as an original signature."
 - b. DMH's Office of Integrated Care (OIC) will serve as the lead agency in securing the collected documents electronically, certify the MOU as complete, and return the finalized completed MOU with all Attachments back to the DMH SA District Chief (or their appointed designee) for dissemination to the signing agencies.
4. Upon receipt of the HN MOU, each agency must then complete the signature block portion on the signature page of the MOU and return just the original signature page to the DMH SA District Chief (or their appointed designee) in one of the following manners:
 - a. Hand delivery or Messenger Service the documents
 - b. Mail the documents
 - c. Pdf the documents and submit electronically
 - d. Fax the documents
5. The DMH SA District Chief (or their appointed designee) will then forward all agency signature pages to OIC to be electronically secured and filed.
6. Once all signature pages are electronically stored by OIC, they will be sent collectively to each of the signing agencies for their respective filing.

An agency that wishes to participate in the HN after the initial signing is eligible to participate in the HN, through an amendment. For these agencies follow the process below.

Amendment Signing Process Guidelines

1. Each time a new agency chooses to join the existing HN, a new amendment must be drafted accordingly.
2. Amendments will proceed sequentially by number (1,2,3, etc.).
3. If more than 1 agency is ready to join in the HN simultaneously, then the same (next numbered Amendment) can be utilized
(Example: Two separate agencies are ready to join the HN at the same time, and thus both agencies will be part of Amendment No. 3.)
4. Complete Steps 1 and 2 from the MOU signing process on page 1.
5. The DMH SA District Chief (or their appointed designee) will select a cut-off date for the Attachments of any agency looking to be added to the HN via the signing of an Amendment. Once DMH collects all applicable Attachments from each agency, DMH will then combine Attachments into one single Amendment, thereby certifying it as the complete HN MOU Amendment so it can be copied and distributed accordingly for signature via the Counterparts clause in the Amendment.
 - a. The Counterpart clause cites:
“This Amendment may be executed in one or more counterparts; all counterparts shall be deemed to constitute one document and shall have the same force and effects as if all signatures had been obtained on one document. Further, a faxed or other form of electronic signature shall have the same force and effect as an original signature.”
 - b. DMH’s Office of Integrated Care (OIC) will serve as the lead agency in securing the collected documents electronically, certify the Amendment as complete, and return the finalized completed Amendment with all Attachments back to the DMH SA District Chief (or their appointed designee) for dissemination to the signing agencies. (This shall include the new agencies joining the HN, as well as all existing HN agencies.)
6. Upon receipt of the Amendment, each agency must then complete the signature block portion on the signature page of the Amendment and return just the original signature page to the DMH SA District Chief (or their appointed designee) in one of the following manners:
 - a. Hand delivery or Messenger Service the documents
 - b. Mail the documents
 - c. Pdf the documents and submit electronically
 - d. Fax the documents

7. The DMH SA District Chief (or their appointed designee) will then forward all agency signature pages to OIC to be electronically secured and filed.
8. Once all signature pages are electronically stored by OIC, they will be sent collectively to each of the signing agencies for their respective filing.

UNIVERSAL AUTHORIZATION TO RELEASE INFORMATION

Overview

This draft Universal Authorization to Release Information form allows for the exchange, disclosure and use of medical, mental health, substance use treatment, and other sensitive information among health care providers in a Health Neighborhood.

This draft authorization details a purpose for disclosure, advisements on revocation, information on Privacy Law, checkboxes for what may be disclosed, and the term of the authorization.⁵

The Health Neighborhood's Universal Authorization to Release Information form may be used to assist collaborating providers in exchanging information on shared consumers and referrals.

It is not mandatory that this specific Authorization to Release Information form be used by the providers in a Health Neighborhood if a form regarding authorization (consent) for the use and disclosure of PHI is completed and consistent with all applicable federal and State rules and regulations.

⁵ As of January 26, 2015, the Department of Mental Health's County Counsel has reviewed this draft authorization, however respective Counsels for Health and Public Health have yet to review and comment.



COUNTY OF LOS ANGELES HEALTH NEIGHBORHOOD

AUTHORIZATION (CONSENT) FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION, INCLUDING MEDICAL, MENTAL HEALTH, SUBSTANCE USE TREATMENT, AND OTHER SENSITIVE INFORMATION

Last Name, First Name Date of Birth (Mo/D/Yr)

PURPOSE: The health care providers on the attached list have formed a Health Neighborhood. Health care providers in a Health Neighborhood work together to enhance your health and wellness by improving your access to services and by coordinating services provided by primary care providers, mental health providers, public health providers, and substance abuse treatment providers. These health care providers may need to share information about you to make referrals and to ensure that the care that they provide to you is coordinated.

I AGREE THAT: The health care providers on the attached list that are providing me care, and the health care providers to whom I have been referred for care, have my permission to share my health information with each other. This includes any and all information in my medical record that the health care provider believes is relevant to my care or a referral for care, including any assessments, diagnoses, laboratory results, health insurance information, x-rays, [expand]. I specifically give my permission for the sensitive information checked below to be shared.

- ☐ Mental health information and records made confidential under Welfare and Institutions Code 5328, excluding psychotherapy notes defined by 45 CFR 164.501
- ☐ HIV/AIDS information and records, including test results, evaluations, diagnoses, treatment
- ☐ Alcohol/Drug/Substance abuse treatment records and information, defined by 42 CFR 2.31, 2.34. 2.35
- ☐ Sexually transmitted disease(s) information and records

**DRAFT
ONLY**

The health information to be shared may include paper, oral, and electronic exchanges.



COUNTY OF LOS ANGELES HEALTH NEIGHBORHOOD

ADVISEMENTS: PLEASE READ CAREFULLY:

You Have the Right to Receive a Copy of This Authorization.

You Have the Right to Revoke This Authorization. At any time, you have the right to revoke this Authorization providing your permission to share your information. To do so, your revocation must be in writing. You may submit your revocation to: [SPECIFY TO WHOM AND WHERE TO SUBMIT REVOCATION.] If you revoke your Authorization, the revocation will not affect the sharing of information already done in reliance on your signing this form or prevent the sharing of your information when legally permissible to do so.

Federal Health Information Privacy Law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects the privacy of your health information. When you sign an Authorization form to share your health information, the information that is shared may no longer be protected by HIPAA and your information may be subject to re-disclosure. The health care providers on the attachment are all regulated by HIPAA and other privacy laws, and they will not re-disclose your information unless legally permitted to do so.

Treatment, Payment, Eligibility for Benefits is not Conditioned on Your Signing. Signing this form is voluntary and your ability to receive treatment, payment, enrollment, or eligibility for benefits is not conditioned on your signing this form.

AUTHORIZATION: I have reviewed this form and I understand what it says. By signing it, I agree to allow my health information as described on this form to be shared for the purposes stated on this form. **EXPIRATION:** This Authorization will expire on _____. If blank, this Authorization will expire three years after the date this form is signed.

Last Name, First Name Date of Birth (Mo/D/Yr)

Signature of Patient/Client/Consumer (or Legal Representative):

DATE: ____/____/____

Month Day Year

If not signed by legal representative, state relationship and authority to do so:

(e.g. Conservator, parent)

**DRAFT
ONLY**



**COUNTY OF LOS ANGELES HEALTH NEIGHBORHOOD
XXX HEALTH NEIGHBORHOOD PROVIDERS**

PRIMARY CARE PROVIDERS

MENTAL HEALTH PROVIDERS

SUBSTANCE USE DISORDER TREATMENT PROVIDERS

PUBLIC HEALTH CLINICS AND AGENCIES

**DRAFT
ONLY**

CARE COORDINATION AND REFERRAL RESOURCES

This section contains an explanation of care coordination as well as tools that can be used within the Health Neighborhoods to facilitate care coordination, referral processes and tracking referrals between providers.

1. What is Care Coordination?

It is important to develop a common understanding of the term “care coordination” across participating agencies in the Health Neighborhood, particularly as we move to integrated, whole-person care. In many respects, care coordination is at the very heart of the service delivery model and has the utmost power in determining the consumer’s experience of care as well as the quality and cost of the services received by the consumer. Yet, care coordination may be understood differently by various stakeholders.

For the purpose of the Health Neighborhoods, it may be useful to borrow a definition from the Agency for Health Research and Quality (AHRQ). As noted in the Care Coordination Measures Atlas, Updated 2014, Pub. No. 14-0037-EE, “The systematic review authors combined the common elements from many definitions to develop one working definition for use in identifying reviews of interventions in the vicinity of care coordination and, as a result developed a purposely broad definition:

Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care.”

According to AHRQ, key areas of coordination activities include the following:

- Establishing accountability and agreeing on responsibility
- Communicating/sharing knowledge
- Helping with transitions of care
- Assessing patient needs and goals
- Creating a proactive care plan
- Monitoring and follow up, including responding to changes in patients' needs
- Supporting patients' self-management goals
- Linking to community resources
- Working to align resources with patient and population needs

Additional information on Care Coordination is available at the reference noted above and in the Resource Links portion of the Toolkit.

2. **Care Coordination Between Providers Form (MH 707)** is the existing DMH form for providers to use to communicate about care coordination. A new Provider Communication Form is currently being developed and will be added to this toolkit when it becomes available.
3. **Health Neighborhood Referral and Care Coordination Log** is a tool to assist providers in a Health Neighborhood to keep track of consumers that are being referred to other agencies or for whom contact is attempted with another agency for care coordination purposes. The log is designed to assist in the identification of any challenges to referral and/or care coordination so that remedies may be implemented. The log captures which agency the referral was sent to, if a response was received, what the response was, how long it took, and when an appointment was given. Each agency that sends the initial referral is responsible for completion of the log. This log contains a limited number of data elements for tracking activity in the Health Neighborhoods. Additional data elements may be added for each neighborhood depending on their specific needs.

Examples of such changes may include:

- a. The participating agencies in a Health Neighborhood may choose to track a certain demographic, like *Age Group* (Child, TAY, Adult or Older Adult). It is recommended however, that the form does not contain any elements that are considered as a specific identifier, for example patient name, medical record number, date of birth, or date of admission.
- b. It may also be helpful to include the area served by the neighborhood (city name, zip codes, etc.) directly on the form.

CARE COORDINATION BETWEEN PROVIDERS☐ Request for Information ☐ Providing Information

CLIENT	
Name: _____ Medi-Cal CIN: _____ DOB: _____	
Address: _____ Phone Number: _____	
Gender: _____ Client's Preferred Language: _____	
Caregiver's Name (if appropriate): _____ Caregiver's Preferred Language: _____	
Payor Source: <input type="checkbox"/> Medi-Cal Only <input type="checkbox"/> Medicare Only <input type="checkbox"/> Medi-Medi <input type="checkbox"/> Uninsured <input type="checkbox"/> Other _____	
SENDER	RECIPIENT
Agency: _____	Agency: _____
Contact Person: _____	Contact Person: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
E-Mail: _____	E-Mail: _____
Affiliation: <input type="checkbox"/> DMH (Directly Operated) <input type="checkbox"/> DMH (Contract Agency) <input type="checkbox"/> DHS <input type="checkbox"/> LACare (health) <input type="checkbox"/> Beacon (behavioral health) <input type="checkbox"/> Kaiser <input type="checkbox"/> HealthNet(health) <input type="checkbox"/> MHN(behavioral health) <input type="checkbox"/> Molina <input type="checkbox"/> Anthem <input type="checkbox"/> Care1st <input type="checkbox"/> CareMore <input type="checkbox"/> SAPC <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown For Health Plans/Agencies, MR# _____	Affiliation: <input type="checkbox"/> DMH (Directly Operated) <input type="checkbox"/> DMH (Contract Agency) <input type="checkbox"/> DHS <input type="checkbox"/> LACare (health) <input type="checkbox"/> Beacon (behavioral health) <input type="checkbox"/> Kaiser <input type="checkbox"/> HealthNet(health) <input type="checkbox"/> MHN(behavioral health) <input type="checkbox"/> Molina <input type="checkbox"/> Anthem <input type="checkbox"/> Care1st <input type="checkbox"/> CareMore <input type="checkbox"/> SAPC <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
PURPOSE OF INFORMATION (Check as many boxes as applicable)	
<input type="checkbox"/> Referral <input type="checkbox"/> Transfer <input type="checkbox"/> Discharge <input type="checkbox"/> Coordination <input type="checkbox"/> Recommendation <input type="checkbox"/> Consultation <input type="checkbox"/> Change in Level of Care <input type="checkbox"/> Other _____	
INFORMATION REQUESTED/PROVIDED <input type="checkbox"/> on form <input type="checkbox"/> attached <input type="checkbox"/> faxed: Date _____ Time _____	
(Check as many boxes as applicable.) <input type="checkbox"/> Assessment Summary <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Discharge Plan <input type="checkbox"/> Diagnosis <input type="checkbox"/> Medications <input type="checkbox"/> Treatment Information <input type="checkbox"/> Laboratory (specify) _____ <input type="checkbox"/> Other (specify) _____ Comments: _____ _____ _____	
SIGNATURES	
Name of Rendering Provider: _____ Title: _____	
Contact Information (if different from Sender information above): _____	
Signature: _____ Date: _____	
ABSENCE OF MEDICAL NECESSITY FOR SPECIALTY MENTAL HEALTH SERVICES (Only complete if applicable)	
Date Medical Necessity Determined Absent: _____ Rendering Provider's Supervisor Name _____	
Contact Information (if different from Sender information above): _____	
Signature: _____ Date: _____	
This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.	DMH USE ONLY Name: _____ IS/IBHIS#: _____ Agency: _____ Provider #: _____ Los Angeles County – Department of Mental Health

Original Copy – Receiving Agency
 Copy – Initiating Agency

CARE COORDINATION BETWEEN PROVIDERS

CARE COORDINATION BETWEEN PROVIDERS

Purpose: This form is for use by mental health/health/substance use providers when requesting information from or providing information to other health/mental health/substance use providers for purposes such as transferring, coordinating care, or responding back to a referral.

Completion Instructions: (All sections are to be completed by the provider initiating the form)

On the top of the form, select if this is a “Request for Information” or “Providing Information”

Client:

- Fill-in the specific client information requested on the form.
- If appropriate, enter in the caregiver’s name and preferred language. These fields are not required to be completed.
- Payor Source: only one box should be checked; if “Other” is checked, fill in the specific payor source information.

Sender:

- The person completing the form should fill in their information as requested on the form.
- Under “Affiliation”, select the most appropriate entity overseeing the Sender’s agency.
- For Health Plans/Agencies, there is an optional field for entering in a Medical Record (MR) number.

Recipient:

- The person completing the form (Sender) should complete the information for who the form is intended to be sent (Recipient).
- Under “Affiliation”, select the most appropriate entity overseeing the Recipient’s agency. Select “unknown” if the overseeing entity for the Recipient is not known. Note: SAPC stands for the Department of Public Health Substance Abuse Prevention & Control.

Purpose of Information:

- Check off the purpose of the form. Multiple boxes may be checked. If “Other” is checked, please specify.

Information Requested/Provided:

- Identify if the information requested/provided is on the form and/or attached to the form and/or faxed. If faxed, identify the date and time the document(s) was faxed.
- Check off the information that is being requested or provided. Multiple boxes may be checked and additional comments may be provided. If “Laboratory” is checked, please identify the types of labs. If “Other” is checked, please specify.

Signatures:

- If information is being provided on the form and/or the absence of medical necessity was determined, the Rendering Provider information must be completed.
- If the Rendering Provider’s contact information is different from the contact information identified under “Sender”, enter in the Rendering Provider’s contact information.

Absence of Medical Necessity For Specialty Mental Health Services:

- If this form is being used to notify the recipient that the client does not meet medical necessity criteria for Specialty Mental Health Services, enter the date this was determined.
- The Rendering Provider’s supervisor must then sign the form and provide contact information (if different from the contact information identified under “Sender”).

NOTE: Sharing information must comply with all HIPAA rules. DMH Directly Operated staff should refer to DMH Policy & Procedures related to HIPAA Privacy. Other providers should refer to their own legal counsel and policies.

Filing Procedures for DMH:

- Paper Chart: File chronologically in Section 2 Correspondence of the Clinical Record
- IBHIS: Scan into the Correspondence folder.

Health Neighborhood Referral and Care Coordination Log

Name of Agency: _____

Date of Initial Referral	Referral Sent to Which Agency	Did agency receive a response to the referral? (Yes or No)	Outcome of Referral (ex. appt given; unable to contact client, etc.)	If applicable, date response to referral received	If applicable, date appointment scheduled at receiving agency	Comments

* This log includes suggested data points for collection in the Health Neighborhood.
PLEASE DO NOT SEND PROTECTED HEALTH INFORMATION (PHI)

MANAGED CARE RESOURCES

This section contains resources and tools that may be used by service providers when assisting consumers who are enrolled in Medi-Cal Managed Care Plans for Los Angeles County. These include:

1. The **LAC DMH Revenue Management Division (RMD) Bulletin dated 1/14/13** provides a brief overview of a Medi-Cal Managed Care Plan, a Prepaid Health Plan program, which allows recipients to enroll in Health Maintenance Organization(s) (HMOs), as an alternative to the Medi-Cal fee-for-service program.

This bulletin additionally provides samples of eligibility messages for both carved out and non-carved out mental health services.

If you need further information, please contact LAC DMH RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.

2. The **Medi-Cal Managed Care Member Services Contact Information** includes contact phone numbers for both L.A. Care and Health Net Health Plans.
3. The **Referral and Transition in Level of Care with Medi-Cal Managed Care Members** section consists of two tables: one is for new referrals from Federally Qualified Health Centers/Community Clinics to mental health services, and the other is for members already in treatment for mental health services. The “New Referrals” table provides referral instructions with a “No wrong door” approach for Specialty and Non-Specialty Mental Health Services. The “Transition in Level of Care” table for members already in mental health treatment provides step-by-step instructions on how to transition from one level of care to another.

If you need further information, please contact the consumer’s health plan. The phone numbers for health plans are provided on the Medi-Cal Managed Care Member Services Contact Information document.

RMD Bulletin

Knowledge is power...



Medi-Cal Managed Care Plans

(Re-issued - With More Eligibility Message Samples!)

The Medi-Cal managed care plan is a Prepaid Health Plan (PHP) program designed to allow Medi-Cal recipients to enroll in Health Maintenance Organizations (HMOs) as an alternative to the Medi-Cal fee-for-service program. The purpose of the PHP program is to develop a more efficient delivery of care to Medi-Cal recipients, reduce inflationary costs of Medi-Cal, and to improve the access to and continuity of Medi-Cal services. Medi-Cal managed care plans are **not** considered other health coverage (OHC).

The State implemented the Specialty Mental Health Services Consolidation Program for Medi-Cal recipients currently receiving or requiring outpatient or medical professional mental health services. Under the consolidation program, coverage for specialty mental health services is offered through the Mental Health Plans (MHPs) in California's 58 counties. The Department of Mental Health is the mental health plan for Los Angeles County. This means that public mental health services funded by Medi-Cal are separate from the physical health services offered in the managed care system. The State believes that "carving out" mental health care ensures that specialty mental health services will be provided more appropriately and effectively.

Recipients eligible for Medi-Cal are entitled to the full range of benefits authorized by Medi-Cal. If a client is a Medi-Cal beneficiary and has assigned their Medi-Cal benefit to an HMO, Short-Doyle/Medi-Cal providers are allowed to treat the client and bill Medi-Cal for mental health services rendered. Before rendering services to recipients enrolled in a Medi-Cal managed care plan, providers must verify Medi-Cal eligibility through the Integrated System (IS) or by using one of the following three methods: Point of Service (POS) device, calling the Automated Eligibility Verification System (AEVS) at 1-800-456-AEVS (2387), or visiting the Medi-Cal website at <https://www.medi-cal.ca.gov/Eligibility/Login.asp>.

Once eligibility is verified, a copy of the eligibility verification should be placed in the client's financial folder and the mental health service(s) should be billed to Medi-Cal in the IS. Below are several sample eligibility responses that will assist you with identification of a Medi-Cal Managed Care plan and distinguishing it from other health coverage:

DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS
RevenueManagement@dmh.lacounty.gov

RMD Bulletin No.: DMH 13-006
January 14, 2013

RMD Bulletin

Knowledge is power...

CARVED OUT MENTAL HEALTH SERVICES (MHS)

Services may be billed directly to Medi-Cal through the IS

Sample 1: Regular Medi-Cal with MHS Carved out

SUBSCRIBER LAST NAME: Doe. EVC #: 000000ZX0. CNTY CODE: 19. PRMY AID CODE: 3N. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: ANTHEM BLUE CROSS CALL: (123) 123-1234. PCP: DR. K CALL: (123) 123-1234. ACCESS DENTAL PLAN: DENTAL CALL (123)123-1234

Sample 2: Regular Medi-Cal with MHS Carved out

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 34. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: LA CARE HLTH PLAN CALL: (123) 123-1234. PCP: DR. B CALL: (123) 123-1234

NON CARVED OUT MENTAL HEALTH SERVICES (MHS)

Services MUST be billed to ALL eligible third-party benefits BEFORE claiming to Medi-Cal

Sample 3: Regular Medi-Cal with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. 1ST SPECIAL AID CODE: 4F. MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: KAISER CALL: (123) 123-1234. PCP: DR. K CALL: (123) 123-1234. OTHER HEALTH INSURANCE COV UNDER CODE K – KAISER. CARRIER NAME: KAISER PERMANENTE HEALTH [PLAN. ID:](#) XXXXXXXXXX. COV: OIM P

Sample 4: Regular Medi-Cal with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: CARE FIRST CALL: (123) 123-1234. PCP: DR. C CALL: (123) 123-1234. OTHER HEALTH INSURANCE COV UNDER CODE V. CARRIER NAME: CALIFORNIA CARE BLUE CROSS [HMO. ID:](#) XXXAXXXXXX. CARRIER NAME: DENTAL NET BLUE [CROSS. ID:](#) XXXAXXXXXX. COV: OIM P D

Sample 5: Regular Medi-Cal, Medicare and Medicare Part D with NO OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 1H. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC #XXXXXXXXXA . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: HUMANA INSURANCE COMPANY. COV: R

DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS
RevenueManagement@dmh.lacounty.gov

RMD Bulletin No.: DMH 13-006
January 14, 2013

RMD Bulletin

Knowledge is power...

Sample 6: Regular Medi-Cal, Medicare, Medicare Part D and with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC #XXXXXXXXXA . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER MEDICARE RISK HMO. CARRIER NAME: EVERCARE COV: OIM R

Below is a list of the Medi-Cal Managed Care Plans for Los Angeles County in effect at this time:

- L.A. Care Health Plan
- Blue Cross of California Partnership Plan, Inc.
- Care1st Partner Plan, LLC
- Kaiser Permanente (KP) California, LLC (KA)
- Health Net Community Solutions, Inc. (Health Net)
- Molina Healthcare of California Plan Partner, Inc.

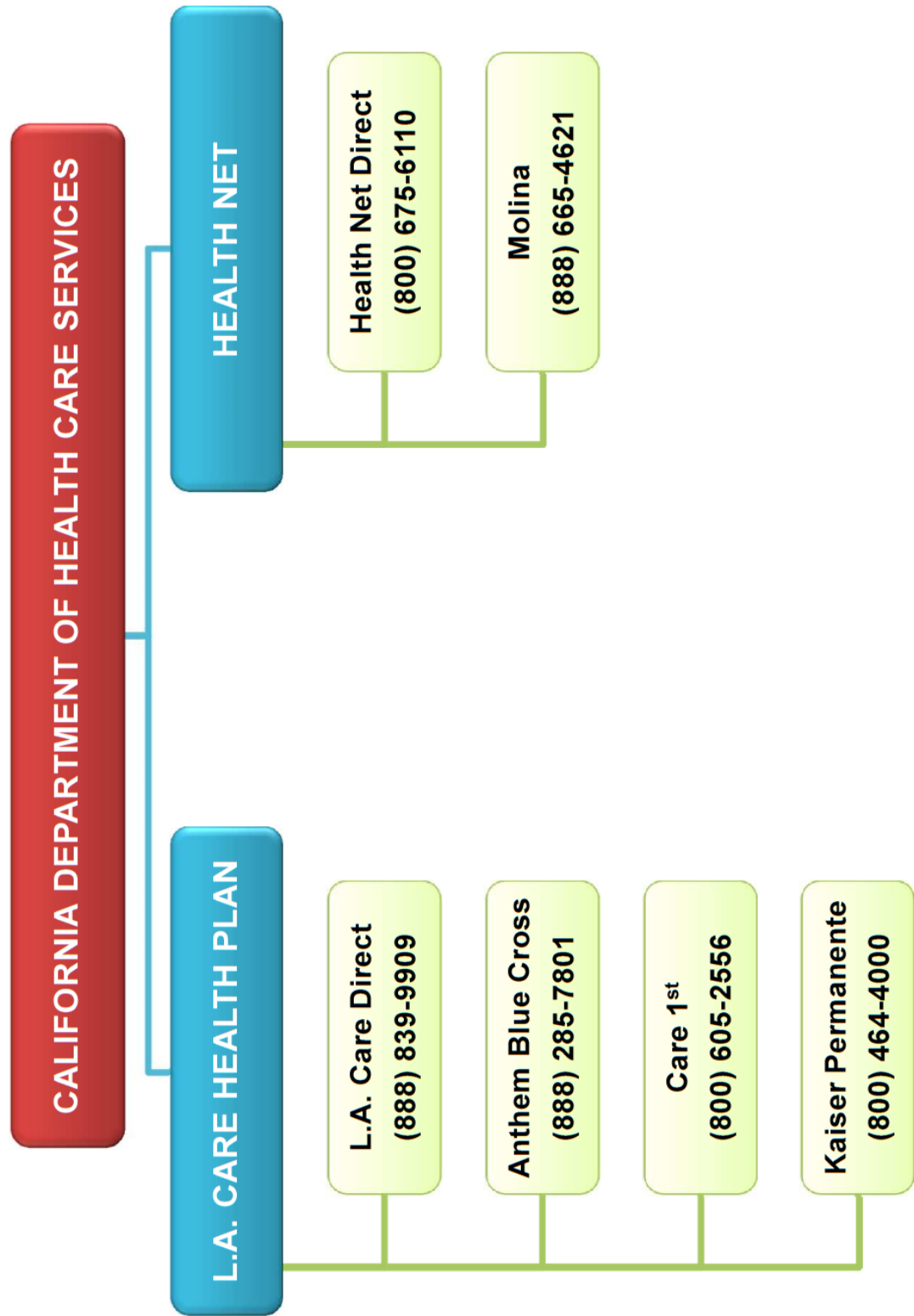
We're here to help you...

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 [or RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).

DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS
RevenueManagement@dmh.lacounty.gov

RMD Bulletin No.: DMH 13-006
January 14, 2013

Medi-Cal Managed Care Member Services Contact Information



L.A. County Medi-Cal Managed Care Members
New Referrals from FQHC/Community Clinic to Mental Health Care

Referral from FQHC / Community Clinic with...	To Specialty Mental Health Services (through DMH)	To Non-Specialty Mental Health Services (through Health Plan)	Not sure what level of mental health care is needed
No mental health services in organization	OK to do direct referral to the DMH (800) 854-7771 or Refer directly to DMH provider in the health neighborhood network	For L.A. Care members, Contact Beacon: 877-344-2858 Response to referral: Routine – receipt of referral within 5 days Urgent – receipt of referral within 3 days	No wrong door Use algorithm in the screening form to help identify level of care. Use the screening form for urgent DMH appt. Refer for evaluation to either DMH provider or Health Plan.
Health Plan-contracted, non-specialty mental health services in organization	OK to do direct referral to the DMH (800) 854-7771 or Refer to DMH specialty mental health provider in the health neighborhood network	Provide services	No wrong door Use algorithm in the screening form to help identify level of care. Use the screening form for urgent DMH appt. Refer for evaluation to either DMH provider or Health Plan
Specialty MH services in organization (but not contracted with health plan for non-specialty mental health services)	Provide services in organization or If geographically or programmatically better for member, refer to nearby specialty provider	For L.A. Care members, Contact Beacon: 877-344-2858 Response to referral: Routine – receipt of referral within 5 days Urgent – receipt of referral within 3 days	No wrong door Use algorithm in the screening form to help identify level of care. Use the screening form for urgent DMH appt. Refer for evaluation to either DMH provider or Health Plan
Both specialty and health plan-contracted, non-specialty mental health services in organization	Provide services in organization Or If geographically or programmatically better for member, refer to nearby specialty provider	Provide services	No wrong door Use algorithm in the screening form to help identify level of care. Use the screening form for urgent DMH appt. Refer for evaluation to either DMH provider or Health Plan

Created by L.A. Care Health Plan (4/22/2015)

L.A. Care Medi-Cal Managed Care: Transition in Level of Care for Members Already in Mental Health Treatment

Transition from specialty mental health (DMH) to non-specialty (Beacon)	Transition from non-specialty (Beacon contractor) to specialty mental health (DMH)	Transition between levels of care WITHIN the same organization
<p>Step 1) DMH specialty mental health provider assessment of need for lower level of care.</p> <ul style="list-style-type: none"> Use the Care Coordination form to document. Requires signature by the clinical administrator / director at the specialty MH agency. <p>Step 2) Call Beacon at (877) 344-2858 to request transition of care.</p> <ul style="list-style-type: none"> Can request specific provider (e.g. local FQHC with Beacon contract) <ul style="list-style-type: none"> Best practice - refer to non-specialty provider in same organization as PCP, if available. Best practice - respect the member's preference / choice. <p>Step 3) Beacon will provide care through contracted provider</p> <ul style="list-style-type: none"> Appointment info will be provided to member & referring provider. <p>Routine – Beacon acknowledges referral within 5 days</p> <p>Step 4) DMH specialty mental health provider notifies member's PCP of new Beacon mental health provider.</p> <ul style="list-style-type: none"> Must have member consent to share information regarding MH. 	<p>Step 1) Non-specialty MH provider assessment of need for higher level of care.</p> <ul style="list-style-type: none"> Use the Care Coordination form to document. Requires signature by the clinical administrator / director at the non-specialty MH agency. <p>Step 2) Call Beacon at (877) 344-2858 to request transition of care.</p> <ul style="list-style-type: none"> Can request specific provider (e.g. nearby DMH provider in Health Neighborhood network) <ul style="list-style-type: none"> Best practice - respect the member's preference / choice. <p>Step 3) Beacon will arrange for transition to DMH provider</p> <ul style="list-style-type: none"> Appointment info will be provided to member & referring provider. <p>Routine – Beacon acknowledges referral within 5 days Urgent – Beacon acknowledges referral within 3 days</p> <p>Step 4) Non-specialty MH provider notifies member's PCP of new DMH mental health provider.</p> <ul style="list-style-type: none"> Must have member consent to share information regarding MH. Beacon can assist with contacting PCP if needed. 	<p>If your organization has both DMH and Beacon Medi-Cal contracts, the process is:</p> <p>Step 1) Current clinician assessment of need for new level of care (higher or lower).</p> <ul style="list-style-type: none"> Document care coordination. Requires signature by clinical supervisor, in addition to treating clinician. <p>Step 2) File documentation in the member's chart.</p> <p>Step 3) Provide care at the new level and bill through the appropriate contract.</p>

For any behavioral health questions, and/or support, please contact the L.A. Care Behavioral Health Services Team during business hours at: **(844) 858-9940** or behavioralhealth@lacare.org

L.A. Care Behavioral Health Website: <http://www.lacare.org/providers/behavioral-health/behavioral-health-services>

Prepared by L.A. Care Health Plan (8/10/2015)

RESOURCES LINKS

INTEGRATING CARE	
A Standard Framework for Levels of Integrated Healthcare	http://www.integration.samhsa.gov/resource/standard-framework-for-levels-of-integrated-healthcare
SAMHSA-HRSA Center for Integrated Health Solutions	http://www.integration.samhsa.gov/
Essential Elements of Effective Integrated Primary Care and Behavioral Health Teams	http://www.integration.samhsa.gov/workforce/teammembers/EssentialElementsofanIntegratedTeam.pdf
Integrated Health Services – What and Why?	http://www.who.int/healthsystems/technical_brief_final.pdf
Integrating Behavioral Health Across the Continuum of Care	http://www.hpoe.org/resources/hpoehretaha-guides/1588
Integrating Behavioral Health and Primary Care Services: Opportunities and Challenges for State Mental Health Authorities	http://www.integration.samhsa.gov/workforce/Final_Technical_Report_on_Primary_Care_-_Behavioral_Health_Integration.final.pdf
Integrated Behavioral Health Project – The Business Case for Bidirectional Integrated Care	http://www.ibhp.org/uploads/file/TheBusinessCaseforBidirectionalIntegratedCare7-13-10.pdf
Integration of Mental Health, Substance Use, and Primary Care Services – Embracing Our Values from a Client and Family Member Perspective	http://www.integration.samhsa.gov/sliders/slider_10.3.pdf
Integrating Physical and Behavioral Health – Strategies for Overcoming Legal Barriers to Health Information Exchange	http://www.rwjf.org/en/library/research/2014/01/integrating-physical-and-behavioral-health--strategies-for-overc.html
Agency for Healthcare and Research Quality – The Academy – Lexicon for Behavioral Health and Primary Care Integration	http://integrationacademy.ahrq.gov/lexicon
Eliminating Disparities through the Integration of Behavioral Health and Primary Care Services for Racial and Ethnic Minority Populations, Including Individuals with Limited English Proficiency	http://www.hogg.utexas.edu/uploads/documents/OMH%20Report_FINAL-FINAL.pdf
Partners in Health Interagency Collaboration Toolkit	http://calmhsa.org/wp-content/uploads/2013/04/IBHP_Interagency_Collaboration_Tool_Kit_2013.pdf
AIMS Center – Advancing Integrated Mental Health Solutions – Collaborative Care Implementation Guide	http://aims.uw.edu/resource-library/collaborative-care-implementation-guide
California Health and Human Services Agency – California State Health Care Innovation Plan	http://www.chhs.ca.gov/pages/pritab.aspx
CARE COORDINATION	
Care Coordination. Agency for Healthcare Research and Quality (June 2015)	http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html
Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Volume 7 – Care Coordination	http://www.ncbi.nlm.nih.gov/books/NBK44015/pdf/Bookshelf_NBK44015.pdf

RESOURCES LINKS (cont.)

Coordinating Your Care	http://www.medicare.gov/manage-your-health/coordinating-your-care/coordinating-your-care.html
Coordinating Care in the Medical Neighborhood: Critical Components and Available Mechanisms	http://pcmh.ahrq.gov/sites/default/files/attachments/Coordinating%20Care%20in%20the%20Medical%20Neighborhood.pdf
COMMUNITY CHANGE INITIATIVES	
Best Start Communities – First 5 LA	http://www.first5la.org/index.php?r=site/tag&id=576
The California Endowment – Building Healthy Communities	http://www.calendow.org/places/
City of Los Angeles Promise Zone Initiative	https://www.hudexchange.info/onecpd/assets/File/Promise-Zones-Designee-Los-Angeles.pdf
COMMUNITY-BASED RESEARCH & RESOURCES	
An Implementation Evaluation of the Community Engagement and Planning Intervention in the CPIC Depression Care Improvement Trial	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3758395/
Los Angeles County Department of Public Health – Key Indicators of Health - March 2013	http://publichealth.lacounty.gov/ha/docs/kir_2013_finals.pdf
Center for the Study of Social Policy – Neighborhood Investment	http://www.cssp.org/community/neighborhood-investment
Frontiers of Health Services Management – Engaging Stakeholders in Population Health	https://uwphi.pophealth.wisc.edu/publications/other/frontiers-of-health-services-management-vol30-num4.pdf
Community-Based Participatory Research: A Strategy for Building Healthy Communities and Promoting Health through Policy Change	http://www.policylink.org/sites/default/files/CBPR.pdf
AGENCY LINKS	
Los Angeles County	http://www.lacounty.gov/
Los Angeles County Department of Mental Health	http://dmh.lacounty.gov/
Los Angeles County Department of Public Health	http://publichealth.lacounty.gov/
Los Angeles County Department of Health Services	http://dhs.lacounty.gov/
L.A. Care Health Plan	http://www.lacare.org/
Health Net Health Plan	https://www.healthnet.com/
Insure the Uninsured Project – Los Angeles	http://itup.org/tag/los-angeles-2/
Los Angeles County Department of Public Social Services - 2015 Resource Guide	http://dpss.lacounty.gov/dpss/IGR/pdf/2015_Resource_Guide.pdf